

DECLARATION AND POWER OF ATTORNEY
(Original application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled

**SUBCUTANEOUS INTRAMUSCULAR MOUNTING FOR A RIGID
TRANSCUTANEOUS IMPLANT**

the specification of which is attached hereto and/or was filed on _____ as Application No. _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose information that is material to patentability in accordance with 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

FOREIGN PRIORITY APPLICATION(S)

			Priority Claimed
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PCT/EP2005/009075 (Number)	PCT (Country)	23/August/2005 (Day/month/year filed)	
10 2004 055 623.7 (Number)	Germany (Country)	11/November/2004 (Day/month/year filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional patent application(s) listed below:

PROVISIONAL PRIORITY PATENT APPLICATION(S)

		Priority Claimed
		<input type="checkbox"/> Yes <input type="checkbox"/> No
(Application No.)	(Filing Date)	
		<input type="checkbox"/> Yes <input type="checkbox"/> No
(Application No.)	(Filing Date)	

And I hereby appoint the registered attorneys and agents associated with
FLASTER/GREENBERG P.C., Customer No. 000054380, as my attorneys or agents with full
power of substitution and revocation, to prosecute this application and to transact all business in
the Patent and Trademark Office connected therewith.

Address all correspondence to **Customer No. 000054380**, namely,
FLASTER/GREENBERG P.C., 8 Penn Center, 1628 John F. Kennedy Blvd, 15th Floor,
Philadelphia, PA 19103. Please direct all communications and telephone calls to **LYNDA L.**
CALDERONE at 215-279-9375.

I hereby declare that all statements made herein of my own knowledge are true and that
all statements made on information and belief are believed to be true; and further that these
statements were made with the knowledge that willful false statements and the like so made are
punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false
statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of first or
sole inventor Hans Grunlei

Inventor's Signature _____

Date _____

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